



**VOLUNTARY CANCELLATION  
INSURANCE PRODUCER LICENSE**  
NORTH DAKOTA INSURANCE DEPARTMENT  
SFN 53881 (8-2004)

My signature below indicates my request to the Commissioner of Insurance for the voluntary cancellation of my North Dakota insurance producer license.

I understand that:

- Voluntary cancellation does not release me from the results of any pending or future administrative actions, including orders revoking or suspending my license privileges, fines imposed, or other penalties imposed due to my conduct as a producer during the time I held a valid license.
- As of the date of cancellation, I may no longer act as, or hold myself out to be, an insurance producer. I may not apply for, procure, negotiate for, or place for others, any policies for any line of insurance.
- Upon signing below, I will no longer have a license to sell any line of insurance in North Dakota.

Print Name As It Appears On License	SSN or Federal ID Number
Signature	Date

MAIL ORIGINAL TO: North Dakota Insurance Department  
600 East Boulevard Avenue, Dept. 401  
Bismarck, ND 58505-0320

OR FAX TO: 701-328-4880

RETAIN A SIGNED COPY FOR YOUR FILE AND  
INFORM YOUR APPOINTING COMPANIES